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ABSTRACT

A trend toward more specialization among educators is discussed. It is noted that this is understandable from many viewpoints. Teachers, reacting to a tighter job market in their profession, feel that specializing in certain areas--remedial reading or dealing with the handicapped for example--will get them jobs in governmentally funded programs. Also, specialization enhances professional status and personal sense of power. Many schools currently use differentiated staffs with specialists occupying a dominant role. The drive for mainstreaming has increased this tendency. The dangers implicit in this situation are discussed, not only from the point of view that tension is created between specialists and regular teachers, but that generalist education may be endangered from this trend. (JD)

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# Teacher Specialization:

# Efficiency or Power?

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The Role of Teacher in a
Social Context

ABSTRACT

Recent developments in the sociology of occupations and professions provide a new theoretical framework for analysis of teacher specialization. The power that specialization provides may be as important as efficiency in explaining growth in the number of specialist teachers. This paper briefly reviews that growth and discusses problems associated with power-based specialization. Action in five areas (state law, program funding, teacher training, district planning, community involvement) may help to counteract negative effects of specialization.

Teacher Specialization:

Efficiency or Power?

This paper presents a theoretical framework for the analysis of specialization among teachers. Drawing on recent developments in sociology of occupations and professions, it takes exception to the rationale of increased efficiency commonly advanced for specialization. Efficiency, it argues, may in fact be less important than power as an explanation for why a growing number of educators are specialists. It also posits that economic conditions may be critical in determining the extent and nature of specialization. Within this general framework, the paper has three goals: (1) to review the growth in number and variety of specialists over the past decade; (2) to demonstrate a number of problems that may arise from unfettered specialization; and (3) to suggest some ways in which negative effects of specialization might be countered.

Professionalization, Specialization, and Power: A Theoretical Framework

Traits of a profession. Concern for the professional status of teachers has been evident for a number of years. Etzioni (1969) included teachers, together with nurses and social workers, in the ranks of the "semi-professionals." Goode (1961, 1969) predicted that neither teachers nor librarians would become professionals in the near future. Dreeben (1973) and Miles (1967) noted a variety of problems which prevent teaching from achieving professional status. Lortie (1975) commented on the lack of a professional orientation among teachers and suggested changes in the practice of teaching to ameliorate the situation. The theme of the 1976 annual meeting of the American Association of Colleges of Teacher Education was "A Profession--Now or Never!" (AACTE, 1976). Discussion at that meeting revolved around a report, Educating a Profession, prepared by a special commission of the

Association (Howsam, Corrigan, Denemark, & Nash, 1976).

Clearly, then, there is an interest in deciding whether or not public school teaching is a profession. At this point, it may pay to ask on what grounds those cited above have faulted or disqualified it. In most cases, the argument has proceeded thus: certain occupations (notably including medicine and law; sometimes also including university teaching, the ministry or priesthood, architecture, dentistry, engineering, etc.) are recognized by scholars or by the general public as professions; these occupations exhibit certain common traits (autonomy, commitment to public service, a base in a body of abstract knowledge, involvement in "life and death" matters, etc.); therefore, to the extent that occupations that aspire to professional status (e.g., teaching) share the traits which mark a profession, they are entitled to be described as "true" professions.

Among sociologists, key proponents of this traits model of professionalism have included Greenwood (1957) and Goode (1957). Etzioni (1969) later accepted this approach in his influential work on the semi-professions. In an essay appearing in the same volume, Goode (1969) reiterated the position and identified what he termed the two "generating" traits of a profession: abstract knowledge and an ideal of service. The treatment of Etzioni and Goode has, in turn, been incorporated into numerous other studies of the professional status of teaching, including Howsam et al. (1976). Others, such as Cox and Elmore (1976) and Ornstein (1977), have taken issue with specifics of the definition or the way in which it is applied, but have accepted the underlying premise that medicine and certain other occupational groups are <u>the</u> professions, while teaching is a semi- or sub-profession.

Problems with the traits model. The traits commonly associated with professional status obviously appeal to those concerned about the future of teaching--and this appeal is not difficult to understand. Certainly one would find it difficult to argue with the need to develop more rigorous theoretical and empirical bases for teaching actions, or with the desirability of improving the quality of professional preparation in the field.

Difficulties arise, however, when one profession (almost always medicine) is accepted as the paradigmatic case, and all other occupational groups are measured against it. The problems which this acceptance creates are various. For one thing, the social and economic conditions under which one group strives to achieve professional status are not likely to be duplicated exactly for a second group undertaking that task at a different time. Perhaps more importantly, the traits model implicitly supports the status quo. If a profession must always conform to a set pattern, then existing professions are provided with a mantle of legitimacy, and aspiring occupational groups are held to a single acceptable model. Also eliminated from consideration are the possibilities that established professions may themselves be changing (perhaps in ways that will change which traits "generate" a profession), or that some of the traits listed may not be especially valuable for sociaty as a whole.

Power, control, and professionalization. Sociologists in recent years have questioned increasingly the usefulness of the traits model. Roth (1974) noted that, by limiting the discussion to traits, only a "yes or no" decision can be made about the professional status of any group. He proposed that a study of the processes by which an occupation attains and maintains its position

as a profession would provide more useful information about the differences among occupational groups than the "score card" approach which the trait model encourages. Freidson (1970, 1971) approached medicine in this way and observed features of that professional culture rather dramatically different from those which had previously been stressed through application of the traits model. The developing interest has therefore been in professionalization (the processes by which an occupation attains and maintains its professional status), as opposed to professionalism (the description of existing professional groups in place).

Terence Johnson's (1972) analysis also urges a dynamic model of professions and professionalization. In particular, Johnson's taxonomy of professional occupational groups is based not on a collection of traits but rather on the ways in which those groups seek, gain, and lose control over the market for their services. Social distance between producer and consumer, Johnson notes, is generated any time the producer of goods and services becomes so specialized that the consumer (or client) cannot produce those goods or services himself. This distance creates uncertainty on the part of both producer and client about the relationship, an uncertainty that must be reduced if the relationship is to continue. "Power relationships," Johnson notes, "will determine whether uncertainty is reduced at the expense of producer or consumer" (p. 41). If uncertainty is reduced at the client's expense, then the producer emerges as the dominant party in the relationship and sets conditions under which services will be provided; the producer's knowledge remains recondite and inaccessible to the client. If, on the other hand, uncertainty is reduced at the producer's expense, then the client is in a better position to set the conditions under which services will be obtained; in this case, the knowledge base of the producer

has become more readily accessible to the client.

Specialization therefore emerges as a key part of the process of professionalization. By specializing its knowledge base, and therefore "mystifying" its activities, an occupational group may be able to maintain or even increase its distance from its clients, and thereby increase control over its clients and its work.

Just as medicine has served as the touchstone for a taxonomic definition of profession, so it has also been a primary object of analysis by those who would approach professionalization through power and control. In addition to Johnson, Freidson (1971, 1977), Starr (1978), and Turner and Hodge (1970) have all dealt with how medicine has consolidated its own occupational position and prestige. Sociologists have paid attention to the way in which physicians have used specialization to guarantee or limit access to particular clienteles (e.g., Bucher & Strauss, 1961). Since medical specialization provides such a clear example of the way in which control is used by a profession, it may be worthwhile to examine it here in further detail.

The development of medical specialism. Fifty years ago, the average U.S. physician was a general practitioner. In 1931, only about 17% of all doctors identified themselves as full-time specialists. By 1969, however, fully 77% of physicians considered themselves specialists (Stevens, 1971, p. 181). In a recent survey, only about 14% of medical graduates of 1960 reported themselves as general practitioners (Schwartz & Cantwell, 1976). What is particularly interesting about this change is not so much the bald fact of it as the set of conditions under which it occured.

During the first thirty years of this century, professional medical societies and associations were particularly concerned about both an oversupply of physicians and the low standards of professional preparation in many training institutions. Stevens notes that, in 1910, "many small towns of 200 or less had 2 or 3 doctors" (p. 61; see also Pusey [1925a, 1925b] and Simmons [1904] for other comments on medical "oversupply"). The public image and economic position of physicians were seen to be in jeopardy. While a range of new technical developments did allow new specialties to arise (asepsis and antisepsis in surgery, new instrumentation in otolaryngology, etc.), it was under conditions of real or perceived economic hardship for the profession that they flourished.

In Johnson's terms, then, physicians responded to a situation in which uncertainty in their relationships with their clients was being reduced in favor of the client by increasing their distance from the clients and by mystifying their roles, that is, by specializing. And while it is doubtful that individual physicians would have described their action as a conscious decision in this direction, the net result was the same: a system of medical service in which the specialist-physician prescribes not only medication, but also the form and content of health care in general.

If teachers have sought consciously to foster those traits of medicine that they saw as leading to professional status, then perhaps they have also unconsciously attempted to guarantee their own professional position in a manner similar to that used by physicians--by specializing. The case for teacher control of clients through specialized practice follows.

## Teacher Specialization Reviewed

Teacher training and practice. The current context of teacher supply and demand provides a good framework in which to view teacher specialization.

Market conditions are certainly tight for teachers at the moment. With a dramatic drop in the birthrate between 1960 and 1975, the teacher shortage of the 1960s quickly became the surplus of the early 1970s. Estimates by the NEA put the number of surplus teachers at 188,240 in 1974, a number equal to more than 63% of the total number of persons completing teacher education programs that year (Graybeal, 1974). While figures collected since the early 1970s show that college students are less likely to choose education as a career today than they were five or six years ago, there is still perceived to be an oversupply of teachers in many areas of the country.

Interestingly, there is some evidence at hand which suggests that teachers may be reacting to unfavorable market conditions not only by enrolling in teacher education programs in smaller numbers, but also in the same way that physicians did earlier in this century, namely, by specializing. A recent national survey of pre-service teachers, faculty, and deans in colleges of education showed that, while the number of teachers intending to specialize in particular fields (special education, subject matter areas, occupational and vocational education, school support services) stayed roughly the same between 1971 and 1975, the number of majors in general elementary and secondary education dropped dramatically. The proportion of teachers indicating an intent to specialize has thus increased from approximately 19% to 29% (NCES, 1978a, p. 13). And while demand for specialists would not justify increasing the size of specialist training programs in colleges of education, these were the only areas in which any growth in demand was forecast (pp. 14, 43). Other corroboration of the relatively high demand for specialists has come from several national surveys (NCES, 1978b, 1978c).

Further evidence of specialization may be seen among elementary teachers, traditionally the least specialized of teaching occupations. The NEA recently estimated that elementary teachers working in a departmentalized setting (as opposed to self-contained classrooms) now constitute 20% of all elementary teachers, as compared to only 5% 15 years ago at the height of the teacher shortage (NEA, 1977, pp. 19-20). Two state studies of supply and demand for teachers have also pointed out the growth in demand for specialists. In Oregon, the number of special education teachers, teachers of reading, and teachers of migrant children increased by 36.4% between 1971 and 1975, while guidance counselors increased 16.2%, and librarians by 8.1% during the same period; the number of general elementary and secondary teachers, however, increased only 3.8% during that time (Oregon, Note 1, pp. 32-33). In the state of Washington, a 1977 report noted, "Growth has consistently occured in the support services area (21% over 1970; 49% over 1965). This is consistent with the increased emphasis on utilization of differentiated staff in specialty areas such as reading, etc." (Anet, 1977, p. 27). Similar studies in Indiana, Illinois, Michigan, and other states also indicate continuing demand for specialized educational personnel.

Since many undergraduate teacher education programs do not make provision for work in a specialized field of education, interest in graduate work may be seen as a second sign of teachers' intent to cope with a tight job market by specializing. Between 1972 and 1975, the ratio of masters to bachelors degrees granted by colleges of education rose from 1/5 to almost 1/2 (NCES, 1978a, pp. 49-50). Those pursuing graduate degrees also seem to sense in which fields their specialized training will do them the most good: over 43% of those intending to do

graduate work plan to do so in high-demand speciality areas (NCES, 1978a, p. 51).

The general level of post-baccalaureate education among teachers has been rising gradually for a number of years. The NEA estimates that about 23% of all teachers held masters degrees in both 1961 and 1966. By 1971, that figure had grown to 27%, and it jumped to 37% by 1976 (NEA, 1977, p. 11). The Oregon study mentioned earlier noted that increases in numbers of graduate students were expected primarily in specialized areas such as special education and the library-media field (Oregon, Note 1, pp. 25-27).

Two other types of data further support the contention that teachers are becoming more specialized. One of these is the proportion of time teachers spend teaching outside of the particular field for which their college major prepared them. This figure dropped from 29% of total time in 1966 to about 19% of total time in 1976 (NEA, 1977, pp. 21-22). Finally, figures on differentiated staffing show that the number of teachers reporting personal involvement in team teaching has grown from 12.4% in 1971 to 16.5% in 1976. The number working with teacher's aides has also grown from 42% to 47% (elementary level) and from 16% to 20% (secondary level) during the same period (NEA, 1977, pp. 22-23).

Certainly it should not seem too surprising that teachers would respond to a tight labor market by preparing themselves in specialized fields in which there are greater chances of finding a job. The individual's decision to enter a specialized field, however, is not the only thing contributing to increased specialism in education. Employment of teacher-specialists is often explicitly mandated by federal or state programs, for example. Teacher supply has responded to such governmentally-induced demand before with science teachers in the 1950s and 1960s, and with

media specialists and counselors since the mid-1960s. Currently, federal and state programs in special education, bilingual education, programs for the disadvantaged, and remedial and basic skills programs all increase demand for specialized personnel. Also, the effects on these indicators of state and local practice in rewarding teachers with salary increases for taking in-service courses should not be overlooked, nor should the effects of such other large-scale trends as individualized instruction or competency-based education. Nonetheless, economic motivation must be recognized as one factor contributing to specialization.

Teacher certification. Legal control over access to clients is one powerful device used by specialists to solidify their position. What if educational specialty boards or associations were to seek and gain control over that section of the school's clientele (students) in which they have an interest? Could practice of the teaching of reading, for example, be limited strictly to those with specialized training? Such limitation might be attempted either by writing restrictive clauses into local bargaining agreements, or by urging state departments of education to issue restrictive endorsements to certificates, or by encouraging state legislatures actually to write restrictions into law.

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Insert Table 1 about here

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Certification has, in fact, changed considerably over the past decade. Much public attention has been focused on the question of performance-based or competency-based teacher education, and on the changes in certification systems which have resulted from adopting CBTE models. At the

same time, however, a more subtle change in certification has been taking place. As can be seen from Table 1, the number of states certifying teachers and other school personnel in specialized roles or in subject-matter areas has grown rather dramatically over the last decade. Special education teachers, reading specialists, and vocational education teachers are now beginning to be recognized by the states as distinct professional groups. Even the longer-established pattern of specialization by grade-level has been expanded by several states to include separate certification for early childhood education. And in general teaching, twenty states now endorse or certify teachers in their subject-matter fields.

States are also increasingly recognizing through certification administrative specialists (e.g., supervisors, school business officers, teacher-consultants) as distinct from principals and superintendents, counselor specialists (e.g., directors of counseling, school psychologists, social workers) as distinct from counselors (note also the marked increase in the number of states certifying elementary and secondary counselors separately), and library/media specialists (e.g., audiovisual, media, or instructional development personnel; see also Kerr, 1977) as distinct from librarians.

The fact that a system of more specialized certification is developing does not, of course, say how individual states and local districts are actually dealing with those teachers who are certified as specialists. While the NEA figures on the number of teachers assigned out-of-field (cited above) suggest that more and more teachers really do work in the areas in which they were prepared, the extent to which districts actually assign staff by specialized certification is a matter that would have to be determined separately within each state. A general trend toward specialized certification, however, is evident.

Problems Accompanying Specialization

In the preceding section, I argued that specialization within an occupation may be generated by economic pressures. But what of the work of specialists once their province has been defined? Efficiency is the rationale advanced by most specialist groups for their special status. The claim in both medicine and education is that efficient service--the swifter identification of problems, the application of precise treatments, the monitoring of progress--will result from specialization. But while these claims may have merit, critics of specialism have begun to note problems in provision of specialized services that may outweigh the advantages.

Problems of medical specialism. In recent years, medicine has increasingly come under attack because specialized services that seemed efficient to physicians did not meet public expectations for health care. Criticism of medical specialism has ranged from proposals for reform from within (e.g., McKeown, 1976; Mechanic, 1976) to demands for radical restructuring of the entire health care system (Carlson, 1975; Illich, 1975). Ivan Illich has been most bitter in his critiques of specialism, noting that

> the bodies of specialists that now dominate the creation, adjudication, and satisfaction of needs are a new kind of cartel. (1977, p. 23.)

In particular, the critics have focused on four problems of medical specialism: (1) reductionism in diagnosis and health care sometimes means that the patient is treated as a "bag of symptoms" to be dealt with, rather than as a whole person whose problems may not be easily attributable to a single identifiable cause; (2) specialists' certification, licensure, and professional autonomy, based on claims of arcane particular competence, may intimidate laypersons and keep them from seeking the information they need

to make informed choices about their own care; (3) at the same time, public confidence in the abilities of specialists to apply a "cure for anything" may lead to unreasonable demands for specialized services, and governmental response to such demands may lead to further bureaucratization and fragmentation in the quality of service offered (see especially Gilb, 1966, and Ritzer, 1975); (4) finally, maldistribution of personnel may result from the need for specialists to have a large population base and a constant stream of referrals from other practitioners (e.g., Stevens, 1971).

Another problem medicine has experienced in specializing--referral--has affected not so much consumers of medical care but physicians themselves. As all forms of practice become more interdependent, the process by which physicians direct patients from generalist to specialist and back again becomes critical. Referrals come to define a physician's economic position (through their quantity), but they also play an increasingly important role in defining doctors' "dignity and career success--their very identities as physicians" (Freidson, 1975, p. 85). Changes in number and distribution of specialists have thus brought with them conflicts about referrals (see also Hirsh, 1977; Shortell & Anderson, 1971).

Perhaps the trends described above have been responsible for the rise in medical "consumerism" over the past few years. Health maintenance organizations and lay participation on professional review boards, two aspects of medical care that were anathema to organized medicine in the United States until very recently, are now much more widely accepted (Starr, 1978). Freidson, who in 1971 championed the "essential right, indeed obligation, of the patient" to participate in planning for health care (p. 180), was by 1977 predicting a continuing decline in physicians'

traditional dominance in health care and a broadening in the roles of ancillary health services (nursing, etc.) And Yarmolinsky (1978) foresaw physicians responding to public criticism of over-specialization by limiting access to specialty training.

Incipient problems of educational specialization. Medicine has been highly specialized for more than fifty years, while education is only starting to develop specialties. Nonetheless, there have been a few initial warning signals that indicate potential future problems. McDonnell (1977) reported a dramatic increase in the number of "professional" issues that figured in collective bargaining agreements over the 1966-71 period. Among these, the use of teacher aides and special education assignment, two issues related to specialization, showed increases of 612% and 723%, respectively. Such issues were predicted to become much more prominent in coming years as financial resources become scarcer and "bread and butter" demands thus become less realistic.

Evidence that generalist classroom teachers perceive at least a potential threat to their position in the rise of specialists can be seen in a resolution passed by the NEA in 1978. The resolution pertained to P.L. 94-142, the Education for All Handicapped Children law; while the resolution supported the intent of the law, no fewer than 16 qualifiers were appended, among them the following:

> f. The classroom teacher(s) must have an appeal procedure regarding the implementation of the program, especially in terms of student placement.
>
> o. All teachers must be made aware of their right of dissent concerning the appropriate program for a student, including the right to have the dissenting opinion recorded. (NEA, 1978, p. 213.)

Cautions have also been voiced about the possibly destructive effects of a "micro approach" to educational program accreditation and certification by numerous separate professional organizations. Such an approach, warned Koff and Florio (1977), could lead to "the education profession becoming a collection of societies or groups each in search of a professional identity" (p. 37). (A nearly identical set of points with regard to medical certification was raised recently by Chase, 1976.)

At present, there seems to be little evidence from research or evaluation studies indicating potentially negative consequences of specialization. One study by Weatherly and Lipsky (1977) did indicate a number of problems that resulted from state-mandated specialization (or provision of broader specialized services)--"rationing" of services with growth in demand, failure to respond to parent needs, generalist-specialist tension, and local "short-circuiting" of required procedures. Additional anecdotal reports in both specialist and generalist newsletters and journals give further indications that, as in medicine, the referrals necessitated by specialization may generate particular tension among teachers (who have long been trained to see themselves as omni-competent in the classroom). The title of one such article ("Whose Child Is He--Yours, Mine, or Ours?"; Maitland, 1976) illustrates well the problems in defining roles and job responsibilities that may develop between specialists and generalists (see also: Bauer, 1976; Cohen et al., 1977; Quinn, 1969).

Countering Potential Negative Effects of Specialization

Educational specialization at present does not begin to rival that in medicine. Nonetheless, a trend toward more specialization among educators is evident. It therefore seems prudent to anticipate problems and, where possible, develop strategies to avoid them. Several areas for

research and action appear promising.

Teacher certification and state law. The legal definition of standards specialist and generalist teachers must meet for certification is a prerogative of the state. In many states, professional standards boards now have advisory (and in two states full legal) responsibilities for defining those standards. It is interesting to note that of 28 states having such boards, all include classroom teachers (at least implicitly) on the board, while only eight include specialists (NEA, 1976; NEA, Note 2). The California Commission for Teacher Preparation and Licensing, one of those with both specialist representation and legal authority, had some difficulty recently in defining standards for special education personnel (McDonnell, 1977). It would help to know more about how specialist and generalist groups participate in developing state certification standards, and in particular about how specialties come to be defined as such at the state level.

Little definite information is available on the way in which state laws that define the scope of generalist and specialist practice are in fact implemented. Weatherly and Lipsky (1977) illustrate graphically the divergence that may occur between the intent of a law and its implementation. Anecdotal reports to this author indicate that, while laws often prescribe the employment of only those holding specialist certificates into specialist positions, these laws may often be side-stepped in practice. More information is needed, then, on the ways in which state law either promotes or inhibits the development of specialization. Also, more needs to be known about de facto definition of generalist and specialist responsibilities within the schools.

Federal and state funding. Federal and state programs have led to the provision of a variety of specialized educational services. On the federal level, P.L. 94-142, the Education for All Handicapped Children Act of 1975, has had a dramatic recent effect; the Emergency School Aid Act (ESAA) and the Elementary and Secondary Education Act (ESEA) have also increased the number of students receiving specialist services through the schools. An interesting development related to P.L. 94-142 is that fewer handicapped children have been identified than was originally anticipated. Specialist groups have called for intensified effort to identify potential clients ("NASW Commission," 1978).

But while federal and state funding for special programs is easily defined, the effect that funding has on specialty choice by teachers is less obvious. The only recent national survey on this topic (NCES, 1978a) did not deal specifically with would-be teachers' perceptions of funding. But those in their final year of a specialized teacher training program did appear to be more sanguine about job prospects than did those completing general elementary or secondary programs (p. 21). Nonetheless, studies examining the link between funding decisions and career choice could be useful.

Pre-service and in-service teacher education. One common complaint raised by specialists is that generalist teachers receive no formal instruction in what specialist services are available, nor are they given practice in working with specialists. In the state of Washington, a recent revision of standards requires candidates for initial certificates to demonstrate competence in the area of "pupil-student personnel." Continuing certification requires an additional demonstration of competence with "referral agencies and resource personnel" (OSSPI, Note 3). The effects of such requirements,

however, remain to be seen.

In-service education programs for teachers offer another avenue for encouraging productive generalist-specialist interaction. P.L. 94-142 was innovative in providing for in-service training programs. Little information is yet available, however, on their success or failure. Further information is needed, then, on the value of particular approaches to both pre- and in-service education for improving the ways in which generalists and specialists work together. Quick dissemination of such information to colleges of education will be increasingly important as specialization develops.

Local organization of generalists and specialists. What specific local arrangements are most useful in promoting positive interaction among generalists and specialists? A few basic patterns appear to predominate among organization schemes. When specialists were few, they tended to remain in a district's central office or perhaps worked as itinerants, spending a few hours in each school before moving on. With the expansion of specialist services, more specialists found themselves attached to just one or two buildings. Superintendents in some rural areas have formed consortia to provide special services, sharing specialists among districts but perhaps locating them in only a single district. A comparative evaluation of different organizational patterns, however, remains to be done. Do itinerant specialists develop less productive ties to students and teachers than stationary ones? Does the rate of referral to specialists depend on the physical distance of the generalist from specialist services? What are the effects of differing patterns of central office administration? Answers to such questions could help districts to define a more productive administrative structure for

specialist and generalist educational services.

Community involvement. Perhaps the most critical aspect of the growth of specialism in education is how to encourage community involvement. Public participation in making educational decisions is a value widely held in American society. Yet, if the history of medical specialization provides any guidance, the specialist's arcane knowledge and special status are often perceived by the public as being so abstruse that they inhibit even a modicum of participation in policy making. How might the public become more involved in making decisions that concern both generalist and specialist educational services?

Laws established in recent years to handle placement of special education students include clauses requiring parent participation in that process. Yet, as Weatherly and Lipsky (1977, p. 188) found, "both teachers and parents have played a secondary role to specialists in the evaluation process." If this sort of specialist dominance is emerging widely, more should be known about it and ways developed to reinvolve parents and generalists in making placement decisions.

Indeed, education may suffer in dealing with this problem exactly because it has had such a long and successful tradition of community participation. Social scientists who have analyzed the "consumer revolution" in medicine and other professions have predicted that aware and demanding clients will force changes in the ways in which professional services are provided, and that negotiation of standards will then become the major issue between clients and professionals (Haug, 1975; May, 1976). In education, parent participation has been a "given" for many years. The danger is that parents and community members will accept a role in the definition of only the general education program, and not press for a voice in how specialist

services are planned. Since those services are often funded by state or federal agencies, and since they affect fewer people than general programs, there may be a temptation to leave the shaping of specialist services to the specialists and to those parents with a particular stake in those services. It is important, then, that we find ways of assuring all clients of the educational system that they can and must assist in making decisions about specialist services, decisions that will be increasingly important as educational specialization grows in the years to come.

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Table 1

Certification in Educational Specialties,

1967-68 and 1977-78

| | Number of States Granting Certificates | |
|---|---|---|
| Teachers | 1967-68 | 1977-78 |
| Specialization by grade level | | |
| No formal distinctions among K-12 | 7 | 10 |
| Elementary/secondary distinction | 30 | 31 |
| Elementary/middle or junior high/ high school distinction | 14 | 10 |
| Early childhood distinction | 1 | 8 |
| Specialization by role or subject matter | | |
| Subject matter distinctions | 5 | 20 |
| Special education distinction | 3 | 11 |
| Vocational education distinction | 2 | 8 |
| Reading specialist distinction | 0 | 7 |
| Additional specialized distinctions (speech, health, driver education, theater, etc.) | 7 | 12 |
| Administrators | | |
| Specialization by grade level/responsibility | | |
| No separate administrator certification | 1 | 3 |
| No elementary/secondary or principal/ superintendent distinctions | 8 | 9 |
| Elementary/secondary and/or principal/ superintendent distinctions | 39 | 35 |
| Assistant or associate principal/ superintendent distinctions | 3 | 4 |
| Specialization by role | | |
| Additional specialized roles (supervisors, business officers, personnel directors, teacher-consultants, etc.) | 17 | 22 |

Note. Total within each "grade level" subsection is 51 (includes District of Columbia).

Source: Woellner & Wood, 1967; Woellner, 1977.

Table 1 (continued)

Certification in Educational Specialties,

1967-68 and 1977-78

| | Number of States Granting Certification | |
|---|---|---|
| Counselors | 1967-68 | 1977-78 |
| **Specialization by grade level** | | |
| No separate counselor certification | 8 | 3 |
| No formal distinctions among K-12 | 41 | 35 |
| Elementary/secondary distinction | 2 | 11 |
| Elementary/middle or junior high/ high school distinction | 0 | 2 |
| **Specialization by role** | | |
| Additional specialized roles (psychologists, social workers, directors of counseling, etc.) | 4 | 6 |
| **Library/Media Personnel** | | |
| **Specialization by grade level** | | |
| No separate library/media certification | 6 | 12 |
| No formal distinctions among K-12 | 41 | 30 |
| Elementary/secondary distinction | 3 | 6 |
| Elementary/middle or junior high/ high school distinction | 1 | 3 |
| **Specialization by role** | | |
| Additional specialized roles (audio-visual specialists, media specialists, instructional developers, etc.) | 1 | 3 |

Note. Total within each "grade level" subsection is 51 (includes District of Columbia).

Source: Woellner & Wood, 1967; Woellner, 1977.